



Milwaukee County Cooperative Extension

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My connection to Milwaukee County Cooperati	ve Extension is as a:	Office Use:
□ Volunteer□ Community Partner□ Program Participant in:		
☐ Other:		
I value Milwaukee County Cooperative Extensio	n services because:	
Name:		

Zip code: E-mail: _____

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Dear Extension Program Participant,

On the reverse side of this "value card", we ask you to provide your comments on the value of our programs to you personally and how you might use the information or services you obtained. By doing so you are helping us to assure that we



are meeting the needs of the people of Milwaukee County with high quality programs. Even if you do not live in Milwaukee County, your comments are still helpful for our programming.

By providing your name and address you are also helping us communicate the value of Milwaukee County UW-Extension to our County officials since we share these cards with your County Supervisor and the County Executive's office. Since e-mail is often the preferred method of communication, please include your e-mail address if you wish.

We assure you that UW-Extension will not share this information with anyone else for any other purpose. However, we may use your comments for reports or in marketing materials but only using your first name.

Please leave this card with the UW-Extension educator in charge of the program today. We truly appreciate your willingness to give us this valuable feedback.

Sincerely,

The Staff of the Milwaukee County Cooperative Extension